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RUCPDO/DEPT OF COMMERCE WASHDC  
RUEATRS/DEPT OF TREASURY WASHDC  
RUEABND/DEA HQS WASHINGTON DC  
RUEKJCS/JOINT STAFF WASHDC  
RHMFIUU/CDR USCENTCOM MACDILL AFB FL  
RUEKJCS/SECDEF WASHDC  
RUEHKO/AMEMBASSY TOKYO 0503  
RUEHAK/AMEMBASSY ANKARA 2805  
RUEHBJ/AMEMBASSY BEIJING 0627  
RUEHIT/AMCONSUL ISTANBUL 1079  
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RHEHNSC/NSC WASHDC  
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UNCLAS SECTION 01 OF 03 ASHGABAT 001041

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STATE FOR SCA/CEN, INL  
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E.O. 12958: N/A

TAGS: [PGOV](#) [PREL](#) [SNAR](#) [SOCI](#) [TX](#)

SUBJECT: TURKMENISTAN: REGIONAL UNODC MEETING PARTICIPANTS AGREE ON  
NEED FOR CLOSER COOPERATION

11. (U) Sensitive but unclassified. Not for public Internet.

12. (SBU) SUMMARY: During a September 17-19 regional counternarcotics meeting sponsored by the United Nations Office on Drug Control (UNODC) in Turkmenbashi, Turkmenistan, representatives of Paris Pact countries and international organizations discussed initiatives for increasing cooperation in combating narcotics trafficking and -- for the first time ever -- drug demand reduction. After three days of occasionally heated discussion, participants agreed on a range of measures to improve cooperation, including giving the UNODC's Ashgabat Coordination Analysis Unit a new intelligence coordination role. Although participants concurred on the need to use a spectrum of strategies to reduce drug demand, there was less agreement on what those strategies should be, with particularly sharp differences over the advisability of (needle exchange) "harm" reduction and methadone treatment programs. This meeting, hosted for the first time by Turkmenistan, was designed to showcase Turkmenistan's new regional cooperation policy. While gaps -- most notably an unwillingness to provide statistics -- remain in Turkmenistan's outwardly focused counternarcotics policy, it nonetheless represents a major policy step forward for Turkmenistan.  
END SUMMARY.

13. (U) The United Nations Office on Drug Control (UNODC) held a meeting of regional Paris Pact players focused on combating narcotics trafficking in Central Asian, Caspian and Caucasus countries in Turkmenbashi, Turkmenistan, on September 17-19. Many international and regional organizations participated, including the Collective Security Treaty Organization (CSTO), Commonwealth of Independent States (CIS), Economic Cooperation Organization (ECO), European Commission (EC), Interpol, Organization for Security and Cooperation in Europe (OSCE), Pompidou Group, United Nations Development Program (UNDP), World Bank (WB) and World Health Organization (WHO). U.S. State Department International Narcotics and Law Enforcement Affairs Bureau (INL) Coordinator for European and Eurasian Programs Elizabeth Carroll and INL Program Analyst

Javier Cordova led the U.S. delegation.

¶4. (SBU) Azerbaijan had originally offered to host the meeting, but UNODC turned down the offer due to Azeri refusal to allow Armenian participation. The Government of Turkmenistan then stepped up to the plate, for the first time ever, and sponsored the meeting, covering hotel and meal expenses for all delegations and chartering a plane between Turkmenbashi and the Ashgabat.

¶5. (U) At the opening session, UNODC announced that it was introducing a more user-friendly version of the Automated Donor Assistance Mechanism (ADAM), an internet-based tool that automatically and securely provides partners with technical assistance information for counter-narcotics enforcement personnel. Afterwards, participants divided into working groups on law enforcement cooperation and on demand reduction.

#### LAW ENFORCEMENT: AGREEMENT TO PROMOTE REGIONAL APPROACH

¶6. (SBU) In the law enforcement working group, most of the delegates offered up seizure statistics and reported on their countries' efforts to combat narcotics trafficking. A three-man delegation representing Iran was occasionally combative, but generally congenial. Georgia and Russia played the blame game on drug transiting, with each side claiming the other side was responsible for an increased flow of narcotics in their respective countries.

¶7. (U) Delegates also discussed a UNODC proposal to create a Caspian Sea Initiative, a mechanism for sharing information on narcotics trafficking through a Coordination Analysis Unit in UNODC's Ashgabat office. UNODC proposed that the Ashgabat Coordination Analysis Unit should work closely with analysts in

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Tehran, Tashkent, Moscow, Kabul, and Islamabad on data collection and analysis, as well as with the new Ashgabat-based UN Regional Center for Preventive Diplomacy to promote stronger regional counter-narcotics coordination.

¶8. (U) Delegates agreed to strengthen data sharing and analytical capacity in the region, harmonize legislation, increase joint operations and law enforcement training, and improve inter-agency cooperation. They also discussed the importance of a comprehensive approach to border issues, and the need to include seaports, airports, and land border crossings in counternarcotics strategies. They agreed to further discuss ways of strengthening interdiction efforts along Afghanistan's borders at the next Paris Pact roundtable in Kabul on October 31-November 1.

#### DRUG DEMAND REDUCTION: DISAGREEMENTS OVER SOLUTIONS

¶9. (U) Stefano Berterame, Chief of UNODC's Prevention, Treatment, and Rehabilitation Unit, chaired the working group on drug demand reduction, which focused on opiates abuse in the region, situation analysis and identification of gaps in demand reduction, and priority targets and actions to strengthen key demand activities and measures at the national level.

¶10. (SBU) Although there was general agreement on the need for a variety of approaches -- data collection, prevention and drug treatment and rehabilitation programs -- in drug demand reduction, there were substantial differences between some participants on drug demand/"harm" reduction programs. In particular, the United States and World Health Organization disagreed sharply over the advisability of promoting needle exchange programs to minimize needle-transmitted disease. INL Program Analyst Javier Cordova introduced the framework of the U.S. national drug control strategy and emphasized the fundamental principles of evidence-based drug prevention, intervention and treatment. He presented the most current scientific basis for assessing illicit drug use as a preventable behavior and drug addiction as a treatable chronic disease. He also stressed that U.S. policy does not allow government funds to be used to support needle or syringe exchange programs.

¶11. (U) Participants agreed that drug prevention is an important element of demand reduction. In this area, most countries reported that they are implementing a variety of prevention programs -- media campaigns, life skills education and intervention programs -- with young people, especially in school settings and in communities. Participants discussed the role of NGOs and civil society organizations in demand reduction activities and agreed that the drug abuse problem in the region is a complex phenomenon that requires the mobilization of government agencies as well as other society stakeholders.

¶12. (U) Several national delegations stated that their countries have been able to improve the quality and variety of treatment services in recent years by introducing a wide range of treatment programs, including detoxification, relapse prevention, psychosocial interventions, medical assisted therapy for opiate addiction, and outreach and vocational training. In addition, they discussed the need for the prevention and treatment of drug abuse as well as the prevention of HIV/AIDS and other illnesses in prison.

¶13. (SBU) However, another fracture appeared in discussing the use of methadone in treating addiction. Although most agreed that methadone was effective in lowering most types of addiction, Russia strongly opposed use of methadone, reporting that its legislation prohibits use of medical-assisted therapy (i.e., methadone, buprenorphine, or naltrexone). Turkmenistan's delegation showed a new openness to methadone as a treatment, while Tajikistan and Uzbekistan also asked many questions about methadone usage.

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¶14. (SBU) Turkmenistan's Ministry of Health officials claimed that there are currently no HIV/AIDS-infected persons in Turkmenistan, but also said the Ministry is building an AIDS center. As usual, the officials declined to share statistics on drug use. Embassy's econoff emphasized that the government's reluctance to share statistics hinders efforts to coordinate work and urged the authorities to make this information available. Other participants agreed that more reliable data on the drug use situation (i.e., information on the prevalence, patterns and consequences of drug use and abuse), is critical for setting up drug abuse information systems. They concurred on the need to improve the quality and methodology for data collection and to include data on drug abuse among young people and the general population. Moreover, changes in drug abuse information systems need to be accompanied by revision of the national legislation that facilitates the collection of information, including the possibility for people to be open about their drug abuse problem without fear of stigma and discrimination.

¶15. (U) COMMENT: This is the first time that Paris Pact participants in this region have discussed demand reduction. Most agreed this meeting was a valuable tool for assessing the current drug situation in Central Asia. Delegates also shared program development and scientific information about drug prevention, intervention and treatment, including the prevention and treatment for HIV/AIDS. Due to early pressure to concede to needle exchange benefits, this Paris Pact meeting was an excellent opportunity for the U.S. delegation to explain U.S. government policy with international counterparts. Participants from the Central Asian region especially posed many somewhat basic questions about drug treatment -- but this only underscores the necessity of such meetings.

¶16. (SBU) COMMENT CONTINUED. This meeting reflected Turkmenistan's increased willingness to reach out to and work cooperatively with other countries, especially on a regional level, to attack narcotics trafficking. This cooperative attitude is new -- only a few months ago, Turkmenistan was reluctant both to acknowledge the extent of its narcotics problem and to develop contacts with other countries in the region to address this problem. Since then, it has joined CARIC and seems to be serious about doing what is necessary to address narcotics issues. While gaps -- most notably in Turkmenistan's willingness to provide statistics -- remain in Turkmenistan's outwardly focused counternarcotics policy, it nonetheless represents a major policy step forward for Turkmenistan.  
END COMMENT.

